CULLMAN REGIONAL

Cullman Regional Therapy Services
1948 Alabama Hwy 157
Cullman, AL 35058
Phone: (256) 737-2271
Fax: (256) 737-2560

OUTPATIENT REHAB REFERRAL FORM

ORTHO/NEURO/GENERAL

PATIENT NAME: _____ DATE: _____

PATIENT PHONE #: _____ DOB: _____

DX: _____ INSURANCE: _____

COMMENTS/INSTRUCTIONS: _____

PLEASE INDICATE: ☐ PT ☐ OT ☐ ST

SERVICES	WORKER'S COMP	OTHER SERVICES
☐ THERAPEUTIC EXERCISE	☐ WORK CONDITIONING	☐ HAND THERAPY
☐ ROM	☐ FCE (FUNCTIONAL CAPACITY EVAL)	☐ CUSTOM SPLINTING
☐ ☐ PASSIVE ONLY	☐ IR (IMPAIRMENT RATING)	☐ ADAPTIVE EQUIPMENT TRAINING
☐ ☐ ACTIVE ASSISTIVE	**MODALITIES**	☐ AQUATIC THERAPY
☐ ☐ ACTIVE	☐ OF CHOICE	☐ VESTIBULAR REHAB
☐ ADL TRAINING	☐ HEAT/COLD THERAPY	☐ TMJ
☐ FLEXIBILITY	☐ US/PHONOPHORESIS	☐ PELVIC FLOOR REHAB
☐ STRENGTHENING	☐ PARAFFIN	☐ BIG AND LOUD (PARKINSON'S)
☐ GAIT TRAINING	☐ IONTOPHORESIS	☐ KT TAPING
☐ BALANCE/COORDINATION	☐ TRACTION	☐ WOUND CARE
☐ MYOFASCIAL RELEASE/ MASSAGE	☐ CERVICAL ☐ LUMBAR	**SPEECH THERAPY**
☐ MANUAL THERAPY/MOBILIZATION	☐ FLUIDOTHERAPY	☐ EVAL & TREAT
☐ SPINE STABILIZATION	☐ ELECTRICAL STIMULATION	☐ COMMUNICATION PROBLEM
☐ CERVICAL ☐ LUMBAR/SI	☐ NMS	☐ DYSPHAGIA
☐ BACK CARE EDUCATION	☐ TENS	☐ NMES/VITAL STIM
☐ POSTURAL RETRAINING	☐ DRY NEEDLING	☐ MBS STUDY
☐ OTHER:	☐ OTHER:	☐ OTHER:

PROGRAMS		
☐ BACK PROGRAM	☐ CERVICAL PROGRAM	☐ SHOULDER PROGRAM
☐ KNEE PROGRAM	☐ ANKLE PROGRAM	☐ FIBROMYALGIA PROGRAM
☐ LYMPHEDEMA PROGRAM	☐ HOME EXERCISE PROGRAM	☐ OTHER:

FREQUENCY/DURATION:	☐	AT THERAPIST'S DISCRETION
	☐	CIRCLE CHOICE: 1 2 3 4 5 X/WK FOR 2 4 6 8 WEEKS

PHYSICIAN'S SIGNATURE:	PHYSICIAN'S PHONE #:

TO SCHEDULE AN APPOINTMENT CALL (256) 737-2271

PLEASE BRING THIS FORM WITH YOU TO THERAPY